


(A) SCHEDULE FOR CALIBRATION AND MAINTENANCE OF MAIN EQUIPMENT

Name of equipment : _____

Asset ID : _____

No.	Year	Activity	Date of calibration / maintenance		Prepared by (name and signature)	Checked by (name and signature)	Remarks
			Planning date	Actual date			
		Calibration					
		Maintenance					
		Calibration					
		Maintenance					
		Calibration					
		Maintenance					
		Calibration					
		Maintenance					
		Calibration					
		Maintenance					



FACULTY OF MEDICINE AND HEALTH SCIENCES
UNIVERSITI PUTRA MALAYSIA

F7

(C) SCHEDULE FOR INTERMEDIATE CHECK OF MAIN EQUIPMENT

Name of equipment : _____ Asset ID : _____

No.	Year	Date of intermediate check				Prepared by (name and signature)	Checked by (name and signature)	Remarks
		Month:	Month:	Month:	Month:			

